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*Dear Professor Iversen*

**Re: The Government's response to the Advisory Council on the Misuse of Drugs (ACMD), consideration of the anabolic steroids**

The Government welcomes the Advisory Council on the Misuse of Drugs' consideration of the anabolic steroids. The report provides a valuable overview of the available evidence regarding anabolic steroid use, associated physical and social harms, and provides cross cutting recommendations about how the government should respond to this issue.

The Government also notes the ACMD's further letter of 26 July, which advises that the legislative recommendations apply equally to human growth hormones.

The Government's drug strategy which we published in December 2010 sets out our approach to tackling drugs. The strategy signals that local areas should take action to address a wide range of substance misuse. We therefore welcome the ACMD's recommendations for a greater focus on anabolic steroids and recognise that a number of the recommendations will be applicable more widely to other performance and image enhancing drugs.

Government will work to deliver recommendations in relation to the legislative and enforcement approach to anabolic steroids, while local areas will be responsible for ensuring that services and support in relation to anabolic steroids are responsive to local need.

The Government's response to each of the ACMD's recommendations in the attached annex.

A handwritten signature in black ink, appearing to read "Peter Wiles". The script is cursive and fluid.A handwritten signature in black ink, appearing to read "Anne Milton". The signature is more stylized and less legible than the one above.

**ANNE MILTON**

**Recommendations 1-4****Recommendation 1**

13.2 Anabolic steroids should continue to be controlled as Class C drugs under the Misuse of Drugs Act 1971. The ACMD consider that the evidence base regarding the harms of anabolic steroids does not support a change in classification status. The ACMD consider that the harms associated with anabolic steroid use are commensurate with other Class C drugs.

**Recommendation 2**

13.3 The ACMD do not believe the term 'medicinal product' assists in the enforcement or legal framework for anabolic steroids under the Misuse of Drugs Act 1971. The ACMD consider that the term 'medicinal product' should be removed from the legislation as the term does not serve a recognised purpose

**Recommendation 3**

13.4 The ACMD consider that although a small number deaths have been attributed to liver damage associated with steroid use, the health related harms associated with the use of anabolic steroids, are not of the severity of those associated with a number of other Class C drugs e.g. gammahydroxybutyrate, or ketamine –which can be life threatening in overdose, or benzodiazepines which carry dependence liability. For this reason the ACMD continues to believe that it should not be an offence under the Misuse of Drugs Act 1971 to simply possess anabolic steroids for personal use. Criminal prosecution should be limited to illicit steroid dealers, suppliers, manufacturers and traffickers who profit from this trade. Retaining the lack of a possession offence emphasises the ongoing need to focus on public health. The ACMD concludes that improved tailored intervention and education messages aimed at anabolic steroid users would be more effective than criminalising users and further pushing the issue underground

**Restrict the method of importation to personal custody**

13.5 The current legal framework permits imports (or exports) of steroids for self-administration. There is no requirement that the drugs have to be personally transported/imported. This can pose problems where steroids are imported via post or courier (i.e. items are unattended in transit). Border force officials can be unable, in these circumstances, to determine whether the products are for personal use as they are unable to question the importer at point of entry and may not necessarily be able to identify the importer from the import declaration. To establish whether imported items are for personal use will necessarily involve a potentially costly investigation by UK Border Force officials as to the circumstances in which the drugs are being imported.

**Recommendation 4**

13.6 Further restriction should, after consideration in the context of the EU legislation, be placed on the importation, and exportation, exemption, namely personal custody on importation.

13.7 Anabolic steroids are currently freely available for on-line ordering by various web sites. There is no restriction on these and little or no quality control. Imposition of a personal custody requirement for importation would make such purchases illegal

**Response to recommendations 1-4:**

The Government accepts these recommendations. We will maintain the current classification (and exemption from the offence of possession) of anabolic steroids as Class C under the Misuse of Drugs Act 1971 based on the ACMD's assessment of the latest available evidence. We will keep the list of steroids under review with reference to the World Anti-doping Agency Prohibited List as we approach London 2012 Olympics. The Government is committed to ensuring the legislative framework is clear, fit for purpose and supports enforcement partners. We therefore intend to amend the Misuse of Drugs Regulations 2001 to remove the reference to 'medicinal product' and restrict importation of anabolic steroids for self administration to personal custody. This will enable UKBA officials to seize imports of anabolic steroids through the post and via courier at the point of entry.

Subsequent to the ACMD's letter of 26 July which advised that the ACMD's legislative recommendations on anabolic steroids apply equally to human growth hormones, the legislative changes to remove the reference to 'medicinal product' and to restrict importation to personal custody will apply to all drugs in Schedule 4 Part II of the Misuse of Drugs Regulations 2001.

**Harm Reduction Measures**

13.8 There is very little centrally co-ordinated information is available on harm reduction and users sometimes receive ambiguous information in relation to harms associated with anabolic steroids.

**Recommendation 5**

13.9 There is a need for widespread, credible, information and advice for users to counteract the flood of mis-information provided by various web sites that actively promote anabolic steroid use. Such information should be available in, for example, GP surgeries, clinics, gyms, NEP's and PCT's settings etc. The ACMD recommend that FRANK would be a suitable vehicle for this campaign. However, promulgation of the information should be wide enough so as to reach users in all settings. Gym based organisations (e.g. the Fitness Industry Association (FIA), Body Building Federation and other professional bodies) should be encouraged to be involved

**Response to recommendation 5:**

The Government accepts this recommendation. Information and advice about steroid use is already available from national resources such as FRANK and NHS choices. Working with local business is a matter for local areas. Further development of resources in relation to anabolic steroids will be part of the consideration for future campaign themes for FRANK. Detailed information related to the harms associated with steroid use and the use of other anabolic agents is available from *A Summary of the Health Harms of Drugs* published in 2011.

**Recommendation 6**

13.10 The ACMD recommend there should be greater focus on users of image/performance enhancement substances, including anabolic steroids and human growth hormones, who present to Needle Exchange Schemes; this may include dedicating special sessions to cater for image/performance enhancement substance users, who may be reluctant to associate/mix with mainstream opioid user groups. The ACMD believe the National Treatment Agency should afford this issue greater recognition. The ACMD considers that a concerted effort should be made to address current and future levels of blood borne viruses' among users of anabolic steroids and associated substances.

13.11 The ACMD recognises the contribution of those services, although limited in number, dedicated to anabolic steroid users, and the range of services they afford to anabolic steroid users.

**Response to recommendation 6:**

The Government accepts this recommendation. The NTA have played an active role in disseminating and promoting the NICE guidance, *Needle and syringe programmes: providing people who inject drugs with injecting equipment* (NICE, 2009) which includes recommendations which relate to people over the age of 18 who inject performance and image-enhancing drugs (PIEDs). This included a joint NTA/NICE event (July 2009) to launch and discuss local implementation of the NICE NSP guidance. The NTA's *Good practice in harm reduction* report (2008) noted that some local areas were already responding to assessed demand for needle and syringe provision to steroid users.

**Recommendation 7**

13.12 There should be greater awareness of current centres for support; e.g. DISCUS and Smart Muscle- and additional centres of good practice should be developed to raise the profile of the issues associated with anabolic steroid use and the knowledge of individuals involved with harm reduction should be improved

**Response to recommendation 7:**

The Government accepts this recommendation. The useful contribution of specialist services is recognised and local areas should make information on these services, where they exist, available to local communities. The delivery and development of harm reduction and treatment services in relation to steroid use is and will remain a local responsibility.

## **Research**

### **Recommendation 8**

13.13 Improved data on users should be gathered to better inform interventions. Specifically, this data gathering should be centred on gyms and health clubs and includes: numbers using; duration of time that people use them for and other such patterns of behaviour.

### **Recommendation 10**

13.15 The British Crime Survey is not constructed to adequately assess the prevalence of anabolic steroid use. Other channels should be utilised to gain better data on prevalence. A survey of the UK general population to focus on particular sub-groups – children and young people should be constructed. This should be designed to gather a better national profile of anabolic steroid use with the purpose of considering targeted health interventions.

### **Recommendation 11**

13.16 A national survey and survey of gym users should allow better data to be gathered on the prevalence of blood borne viruses among anabolic steroid users.

### **Response to recommendations 8, 10 and 11:**

The Government accepts the need for local information about the use of steroids and the associated need for services in order to inform the Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy (JHWS) undertaken by the local health and wellbeing board. Local areas may want to consider how best to develop their understanding about steroid use in line with these recommendations.

The Government does not accept the recommendations for national surveys specifically designed to collect information on steroid use, as such information would not inform understanding of local needs or be useful in designing local services.

### **Recommendation 9**

13.14 As the data is lacking as to the specific anabolic steroids that are used, NEP's should collate data on what users are actually administering. Chemical analysis of used vials could assist this objective.

### **Response to recommendation 9:**

The Government commends this recommendation to local areas which are responsible for providing needle and syringe programmes.